

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

101612410

## APPLICATION AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a), (b), or (c))		
SEARCH FEE (37 CFR 1.16(k), (l), or (m))		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))		
TOTAL CLAIMS (37 CFR 1.16(l))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(l))		

## SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE (\$)	Fee (\$)
$\times \$25$	=
$\times \$100$	=

OR

RATE (\$)	Fee (\$)
$\times \$50$	=
$\times \$200$	=

TOTAL

TOTAL

## APPLICATION AS AMENDED - PART II

(Column 1)

(Column 2) (Column 3)

## SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE (\$)	ADDITIONAL FEE (\$)
$\times 25$	=
$\times 100$	=

OR

RATE (\$)	ADDITIONAL FEE (\$)
$\times 50$	=
$\times 200$	=

OR

TOTAL  
ADD'L FEE

OR

TOTAL  
ADD'L FEE

AMENDMENT A

2/26/7

CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(l))	• 49	Minus	** 156 =
Independent (37 CFR 1.16(h))	• 3	Minus	*** 7 =
Application Size Fee (37 CFR 1.16(s))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(l))			

RATE (\$)	ADDITIONAL FEE (\$)
$\times 25$	=
$\times 100$	=

OR

OR

RATE (\$)	ADDITIONAL FEE (\$)
$\times 50$	=
$\times 200$	=

OR

TOTAL  
ADD'L FEE

AMENDMENT B

2/26/7

CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(l))	• 49	Minus	** 156 =
Independent (37 CFR 1.16(h))	• 3	Minus	*** 7 =
Application Size Fee (37 CFR 1.16(s))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(l))			

RATE (\$)	ADDITIONAL FEE (\$)
$\times 25$	=
$\times 100$	=

OR

OR

TOTAL  
ADD'L FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

4

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.